

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006092

STATE FILE NUMBER

AMENDED

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 43

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Labadie</b>				Length of stay in 1b <b>3 yrs.</b>		c. CITY OR TOWN <b>Labadie</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3rd &amp; Washington</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3rd &amp; Washington</b>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Otto</b> Last <b>Caldwell</b>				4. DATE OF DEATH Month <b>February</b> Day <b>8</b> Year <b>1962</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-14-1890</b>	
9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>24</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Printing</b>		11. BIRTHPLACE (City and state or country) <b>New Haven, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>William Caldwell</b>				13b. MOTHER'S MAIDEN NAME <b>Sarah Coulter</b>		14. NAME OF HUSBAND OR WIFE <b>Barbara Maude Caldwell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War #1</b>				16. SOCIAL SECURITY NO. <b></b>		17. INFORMANT <b>Mrs. Barbara Maude Caldwell, Labadie, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lymphatic Leukemia.</b>				INTERVAL BETWEEN ONSET AND DEATH <b></b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY <b></b> STATE <b></b>	
21. I attended the deceased from <b>Oct 1959</b> to <b>Feb 8, 62</b> and last saw him alive on <b>Feb 7, 62</b> Death occurred at <b>Labadie, Mo. 8/12, 80</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>Washington Mo</b>		22c. DATE SIGNED <b>2/9/62</b>	
23a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 10, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Labadie Missouri</b>	
24. FUNERAL DIRECTOR <b>Nieburg &amp; Vitt Inc. Washington, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Feb. 10 - 1962</b>		26. REGISTRAR'S SIGNATURE <b>Maury B. Gross.</b>	

(Licensed Embalmer's Statement on Reverse Side)

1961

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jerome F. Sivoloda*

Licensed Embalmer No. 4507

P. O. Address Washington Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.